

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532934

1. Entity Name

RESEARCH REPORTS, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90148 045 \*\*\*150.00

Principal Place of Business

Mailing Address

2502 ROCKY PT DR #145  
145  
TAMPA FL 33607  
US

2502 ROCKY PT DR  
145  
TAMPA FL 33607-1450  
US

2. Principal Place of Business

3. Mailing Address

8313 W Hillsborough Ave P.O. Box 261269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150

City & State

City & State

Tampa FL

Tampa, FL

Zip

Zip

33615

Country

Country

33615

4. FEI Number

59-1737652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEVERSON, RONALD J.  
2502 ROCKY PT. DR #145  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

8313 W Hillsborough Ave #150

City

Tampa

FL

Zip Code

33615

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEVERSON, RONALD J.	
STREET ADDRESS	2502 ROCKY PT DR #145	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FONTE, NORBERT J JR.	
STREET ADDRESS	2502 ROCKY POINT DRIVE, #145	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8313 W. Hillsborough Ave. #150
CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTE, NORBERT J. JR.
STREET ADDRESS	8313 W. Hillsborough Ave #150
CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2000

8008885266